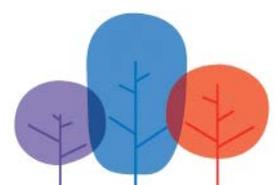


BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST
Board of Directors' Meeting: Part II in Public
12.45, 20 December 2018, at Education Centre, Birmingham Children's Hospital
AGENDA

Ref	Item	Purpose	Report type
1	Chairman's Welcome and Introduction		
2	Apologies for absence		
3	Declarations of interest		
4	Minutes of the meeting held in public on 29 November 2018	Approval	Enc 01
5	Matters arising from the meeting held in public on 29 November 2018	Assurance/ information	
6	Integrated Performance Report <i>Steve Allen, Director of Performance</i>	Assurance	Enc 02
7	Board Assurance Framework Review <i>Gwenny Scott, Company Secretary</i>	Assurance	Enc 03
8	Any other business		Verbal
9	Questions from members of the public present		
CLOSE BY 13.30			



BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST
Minutes of the Board of Directors' Meeting held in Public
09.30 29 November 2018, at Education Resource Centre, Birmingham Women's Hospital

Chair	Vij Randeniya	VR	Deputy Chairman
Present	Matthew Boazman	MB	Chief Officer for Strategy and Innovation
	Alex Borg	ABo	Interim Chief Operating Officer
	Alan Edwards	AE	Deputy Chairman
	Sarah-Jane Marsh	SJM	Chief Executive Officer
	Michelle McLoughlin	MM	Chief Nursing Officer
	David Melbourne	DM	Deputy Chief Executive/Chief Finance Officer
	Theresa Nelson	TN	Chief Officer for Workforce Development
	Fiona Reynolds	FR	Chief Medical Officer
	David Richmond	DR	Non-Executive Director
Judith Smith	JS	Non-Executive Director	
Attending	Gweny Scott	GS	Company Secretary (minutes)

Ref	Item
1	Chairman's welcome and introduction VR welcomed all those present, attending and observing.
2	Apologies for Absence Bruce Keogh, Niti Pall, Sue Noyes, David Adams.
3	Declarations of Interest There were no new declarations.
4	Minutes of Board meeting held in public on 6 November 2018 The minutes were approved as an accurate record of the meeting.
5	Matters arising from Board meeting held in public on 6 November 2018 None.
6	<p>Integrated Performance Report – Month Seven</p> <p>Prior to consideration of the report, which was based on October performance, the Board discussed the current position at the Children's Hospital which had been exceptionally busy during November. Demand was high for critical and high dependency care especially in relation to respiratory diagnoses, and as a consequence additional 'mini high- dependency units' had been set up across the hospital. This was causing pressure across all services and staff were working longer hours and additional shifts, with fatigue starting to show. This felt like an earlier and higher peak than usual and it was not known how long it would last.</p> <p>Efforts were being made to support staff well-being and the executive team was assured that safety was being maintained across all areas.</p> <p>The most salient issues under each performance quadrant in the October report were highlighted and the Board's discussions focused on the following main points:</p> <ul style="list-style-type: none"> • The recently introduced "forward look" appeared to be helping to maximise capacity effectively and was demonstrating an increase in day case activity, however elective activity remained behind plan. • The quarter three Emergency Department target would not be met and the FTB waiting list remained an issue but elsewhere performance was generally good. It was recognised that very high demand may result in a different picture in November. • For the first time month that year clinical income was on plan, with a year-to-date surplus. Continuing on

	<p>this trajectory would result in achievement of a £1m surplus at year-end. The Board welcomed this improvement, though recognised that this was still far from the control total.</p> <ul style="list-style-type: none"> • Sickness and temporary staffing were high, while appraisal and mandatory training rates were below target. The number of formal HR procedures had increased substantially; tools would be developed to help improve management and advisory capabilities to ensure formal procedures were seen as a last resort. • The focus on extravasation injuries continued with new mitigations being implemented.
7	<p>Quality</p> <p>The Quality Committee had received a further report on clinical outcomes. Scoping had revealed that some specialities had an advanced approach and that a wealth of data existed. Collaboration with a European organisation, ICHOM would be one way to provide a set of standardised, benchmarked metrics. Developing this work to support the Trust's global ambitions required resource, which the Board should debate at the planned development session.</p> <p>An internal audit on neonatal services across the Trust had provided significant assurance with minor improvement opportunities.</p> <p>An update on antenatal services demonstrated that women were still waiting too long in clinic. The Board agreed with the ambition to eliminate the need for waiting, which it was hoped the new Head of Midwifery could help the Trust to achieve.</p> <p>A report on BUMP governance arrangements provided assurance regarding the ability to monitor incidents and outcomes across the Local Maternity System.</p> <p>An assessment by the new Director of Mental Health provided optimism for improvement within FTB.</p> <p>One never event was reported in November, involving a dislodged piece of a catheter; the initial review concluded this was neither predictable nor preventable.</p> <p>Concerns remained regarding delays in referrals into the abortion care service; an improved process was in place with GPs but issues persisted with private providers.</p> <p>The Committee was concerned about the impact of diminished PICU capacity on urgent surgery. The Board also recognised that the current pressures would also have an impact on mandatory training and appraisals.</p> <p>The Board discussed concerns regarding the impact of reduced resources in child and family services across Birmingham and the wider region and agreed to a development session on the Trust's role in this context.</p> <p>Analysis of the current peak in demand was required to help preparation for next winter; the Board agreed to spend development time on this topic in the early spring. This would include the ways in which the Trust could influence changes to models of care across the system.</p>
8	<p>Finance and Resources</p> <p>The following main points were discussed.</p> <p>The Committee had been concerned for some time about the Trust's debtor position; the issue was now much improved with two significant debts now settled.</p> <p>The Committee planned to increase its focus on workforce productivity and would work more closely with the Quality and Audit Committees on the appropriate balance of focus on workforce between the committees.</p> <p>The Trust's self-assessment of Brexit supply chain risks was in progress; this was a significant piece of work that would not be completed until a week after the deadline, therefore an extension had been negotiated.</p> <p>Following a report from the Infrastructure Group it was agreed that the Committee would regularly consider the Trust's estate strategy and a Board debate on this topic was recommended.</p>

9	<p>Nursing and Midwifery Workforce Report</p> <p>New requirements would result in changes to workforce reporting from 2019/20, to include greater scrutiny of medical and allied health professionals.</p> <p>A significant national challenge in the nursing workforce was the reduction in mature students entering nursing following the introduction of the Bursary. In response, the education and health sectors needed to review their approaches to both supporting the younger cohort of students and encouraging mature students into the profession via alternative routes.</p> <p>The Trust's Nursing and Midwifery Workforce Strategy Project was focused on recruitment and retention, and reconfiguration in PICU and Maternity; benefits were starting to be demonstrated.</p> <p>A project on flexible working was in progress and had highlighted that predictability of shift patterns was more important to staff than flexibility. A pilot team-based approach to rostering had been successful; the Board encouraged consideration of a similar approach in other areas of the workforce.</p> <p>The Trust was developing its approach to monitoring productivity, using both care hours per day and the Model Hospital. A greater focus on this was required at BW.</p> <p>Forecasting predicted nursing workforce gaps, particularly in paediatric medicine and surgery.</p>
10	<p>Integration Benefits Realisation</p> <p>The overview provided assurance that there had been no significant practical issues upon integration of the two organisations and the majority of relevant departments and functions had merged. There was still work to do on integrating cultures but soft intelligence indicated that staff perception was improving since the 2017 National Staff Survey, albeit there were still a range of issues.</p> <p>There had been improvements in governance at the Women's Hospital and the number of high risks had reduced. The Trust had also achieved its objective of increased influence in the health sector, most evidently in relation to BUMP.</p> <p>The Board recognised that the full benefits might not be realised until three to five years post-integration but agreed that the risk had diminished and should be removed from the Board Assurance Framework.</p>
11	<p>Guardian of Safe Working Annual Report</p> <p>The Board received the second annual report, which showed only 12 exception reports. This provided assurance that the rotas, which were redesigned in line with new junior doctor contract, were safe. The majority of exceptions were due to gaps in rotas beyond the Trust's control.</p> <p>The Board noted that the Guardian of Safe Working held regular junior doctor forums to address any issues, which was improving staff engagement too.</p>
12	<p>Board Assurance Framework</p> <p>As above the strategic risk relating to the integration would be removed.</p>
13	<p>Audit Committee</p> <p>The Committee had received two reviews from the Local Counter Fraud Specialist which highlighted some concerns about the sickness management and pre-employment checks processes. A suite of metrics to monitor these issues was being developed, to include proportions of staff receiving formal return to work interviews.</p> <p>Reviews of the Quality and Finance and Resources Committees had provided full assurance.</p> <p>The role of the Value Scrutiny Panel was reviewed and it was agreed that it was a valuable innovation but that the links between the panel and the other three committees required strengthening.</p>

14	<p>Research and Service Innovation Committee</p> <p>The main focus of the Committee had been the proposal to the Charity for funding to support five areas of research and development activity and capacity. The Board agreed to focus on how the Trust was beginning to work differently with the Charity early in the new year.</p>
15	<p>Report from Transformation Board</p> <p>The programme was reported to be making good progress overall. There was now a focus on the roll-out of improvement huddles with which the Board would be asked to engage in the New Year.</p>
16	<p>Chief Executive's Report</p> <p>SJM verbally reported on:</p> <ul style="list-style-type: none"> • The successful Winter Ball which had raised circa £142k. • Planned Christmas activity. This year the Trust had communicated that it would not be accepting donations of confectionary for patients and encouraged donors to consider alternatives; so far the response had been positive. • The documentary, How the NHS Changed the World: Birmingham Children's Hospital had won a Royal Television Society Award. • Two members of staff had won national awards: Helen King from the Burns Unit had won a National Health Hero Award; Tracey Harewood, Bereavement Care Coordinator had won Bereavement Worker of the Year in the Butterfly Awards. • The Trust had welcomed its second cohort of #iwill volunteers; projects included a seizure awareness programme which the volunteers committed to sharing within their schools. • Stars of the month: <ul style="list-style-type: none"> ○ BW staff nominated: Theatre 1 team ○ BW patient and family nominated: EPAU Sister Jane Spriggs. ○ BC staff nominated: Liz Newey Medical Secretary ○ BC patient and family nominated: FTB Neurodevelopmental Team Leader, Katy Robson and Speech and Language Therapist, Lauren Sholl.
17	<p>Any Other Business</p> <p>None.</p>
18	<p>Questions from Members of the Public Present</p> <p>An observer highlighted an issue with delayed consultant letters to GPs that could be impacting ED attendance numbers.</p>
19	<p>Patient Story</p> <p>The Board heard a story from Rachel and Martin Kinning, who attended with their daughter, Alice who was born at the Women's Hospital. The story related to the family's experience of the induction of labour process and disability access.</p> <p>The Board was pleased to hear that in general disability access and awareness had improved over the last five years, but was disappointed to hear of issues related to Blue Badge parking, and an inadequate understanding of the practical issues connected with Mr Kinning's disabilities during the long induction of labour process. The Board strongly supported facilitation of partners staying overnight, particularly in these circumstances and recommended that the Women's Hospital learned from the approach at the Children's Hospital in managing this.</p>

	The Board thanked the family for highlighting some significant issues, which MM would follow up.
Close	

ACTIONS/DECISION LOG			
ITEM	ACTION/DECISION	LEAD/DATE	STATUS
Quality	Board to consider scheduling development time on the Trust's system role in the context of reduced child and family services in Birmingham and the wider region.	GS/SJM; TBC	
	Board to consider scheduling development time on planning for winter 2019/20 following analysis of current year data.	GS/AB; TBC	
Finance and Resources	Board to schedule development time on the estate strategy.	GS/DM; TBC	
Integration Benefits Realisation	Remove Strategic Risk 12: Integration from the Board Assurance Framework	GS December 2018	Complete
Patient Story	Follow up on issues highlighted by patient story.	MM, December 2018	

Integrated Performance Report

November 2018, Month 8



By your side

Integrated Performance

Operations

- Activity:
- ✓ Emergency
 - ✓ Outpatient
 - ✓ Day case
 - Elective Inpatient
 - Births
- Performance:
- ✗ ED Performance
 - ✓ 18 weeks
 - ✓ Diagnostic waits
 - Cancer targets
 - ✗ Cancelled operations
 - ✗ FTB waits

Finance (£)

- ✓ Income in month
- ✗ Expenditure in month:
- ✗ CIP delivery
- ✗ Bank/agency
- ✗ Staff costs
- ✗ FTB
- ✓ Distance from break-even
- ✗ Distance from control total/surplus plan
- Forecast year end position

Integrated Performance

Workforce

- ✗ Sickness absence
- ✗ Turnover
- ✗ Appraisal rates
- ✗ Mandatory training compliance

Quality

- ✓ Incidents
- SIRIs
- ✓ Never Events
- ✗ Extravasation injuries
- Patient feedback:
 - ✓ Children's
 - ✓ Women's
 - Mental Health

Operational

Elective and emergency activity were both up on plan in month 8. 18 weeks and diagnostics waiting times targets were achieved. In November the Trust did not achieve the ED 95% target. We had a high volume of attendances in line with seasonal norms and performance was below 80%. The number of operations cancelled on the day increased and two patients cancelled last month were not rebooked within 28 days. We met most of our oncology standards but did not achieve the 62 day target.

Demand on PICU has been very high in November and although there are 29 beds open on the unit, the Trust has regularly had more than this admitted, facilitated by cohorting suitable patients, temporary staffing and deploying other staff from the wards when possible. Access to the Trusts Mental Health service continues to be a challenge and patients are still waiting a long time to access our community teams. Demand for the adult mental health beds remains high.

In Maternity there were 662 deliveries which is just less than planned for November. Genetics are working through a recovery plan to address sample backlogs and turnaround performance.

Finance

November is usually one of the strongest performing months of the year in terms of our financial performance. We had planned for a surplus of £0.5m surplus this year.

Due to strong clinical activity and income we secured a surplus of circa £1.4m. Emergencies usually perform strongly in November but this year we have been able to maintain higher levels of elective and outpatient activity. The forward look focus is one of the reasons for this with further evidence of this positive shift in December. However, underlying CIP and FTB pressures remain in the Trust. Despite this in-month surplus the Trust is still £4.3m away from its Control Total.

There continues to remain an issue with our payroll costs, which are significantly above plan and above what the Trust can afford when taking into account the income we receive for the activity we do. This high core base of staff will be exposed in the coming months when activity levels historically drop (December and February). The activity and bed pressures in November necessitated a rise in temporary spend but it is vital that this is flexed as activity levels reduce.

If we continue to deliver on our current plans to secure clinical income and control costs we are forecasting to achieve a surplus in the region of £2million.

Cash improved hugely in the month as the Trust successfully recovered some significant outstanding monies.

Workforce

The monthly pay costs in November are comparable to the prior period [c£21.3m spend] despite an increased worked WTE and temp spend of 7.1% of pay bill.

Preliminary analysis points to reduction in average cost per medic mitigating the increased overall pay associated with nursing but further work needed to understand definitively. Turnover for the Trust remains static at 12.29%.

Turnover within Mental Health Services remains high at 20.38%; with Medicine (14.55%) and Corporate (13.74%) also above target.

Sickness remains above the Trust target and has seen improvements in Medicine, Surgery and corporate services. Stress related absence continues to track at high levels compared to previous years.

The Trusts compliance on mandatory training has come down overall. Nine of and eleven core mandatory modules have shown increases in compliance, however Risk, H&S and Fire have decreased. Fire Safety, IG and BLS are below 80% and remain significant targets for improvement.

Performance on appraisals remains low with the best performing divisions of the trust are Medicine (89.43%) & Surgery (83.78%); other areas are below 80%.

Quality

The SIRI rate continues to be variable in November the number has increased on previous months but remains below the average for the year. The number of incidents per admission and the number of incidents causing harm have both remained steady over the last 12 months, without any worrying increase or decrease in any month. As always, there are many variables to account for in this data and we should interpret this 'noisy' data with caution.

Moderate harm Extravasations continue to appear; in November more than average were reported.

Recruitment and retention of staff and capacity/flow remain the most common theme in red risk register entries and also feature in FTB red risks.

December 2018

BOARD ASSURANCE FRAMEWORK SUMMARY

REF	STRATEGIC RISK	DATE OF ENTRY	LAST UPDATE	LEAD	TARGET RISK SCORE	PREVIOUS RISK SCORE	CURRENT RISK SCORE
SR1	Failure to improve quality and safety issues identified by external reviews.	June 17	Sept 18	CNO/CMO	1x4=4	3x4=12	2x4=8
SR2	Failure to adequately address issues identified through patient feedback	June 17	Sept 18	CNO/CMO	2X3=6	3X4=12	3X3=9
SR3	Inability to recruit and retain the right staff with the right skills	June 17	Oct 18	COWD	3X4=12	4x4=16	4x4=16
SR5	Failure to deliver financial and performance efficiency targets	June 17	Oct 18	DCEO	2x4=8	4X5=20	4X5=20
SR6	Failure to develop and maintain our estate to ensure it is safe, suitable and meets the growing demand for our services.	June 17	Dec 18	DCEO	2x4=8	4x3=12	3x5=15
SR7	Failure to manage capacity and patient flow through our services.	June 17	Oct 18	DCEO/COO	2x4=8	4x4=16	4x4=16
SR9	Failure to successfully deliver the Forward Thinking Birmingham model and the planned benefits.	June 17	Oct 18	CNO	3X4=12	5X4=20	5X4=20
SR10	Failure to embrace innovation and service transformation and to deliver our ambitions for research development	June 17	June 18	COSI	2x3=6	4X3=12	4X3=12
SR11	Failure to detect and contain risks to cyber security and protect its critical data sets	June 17	Oct 18	DCEO	4X4=16	4X4=16	4X4=16
SR13	Failure to meet the objectives of the Waterfall House development	June 17	Sept 18	DCEO/COO	2X2=4	3X4=12	2X4=8
SR14	Risks to meeting the requirements of the Genomics contract due to contractual arrangements and proposed financial model being inadequate to meet service requirements and prices submitted by consortium	Sept 18	Sept 18	COSI	3x4=12	4x4=16	4x4=16
SR15	The transfer of services from the Royal Orthopaedic Hospital will restrict the Trust's ability to deliver its strategy and achieve its goals.	Sept 18	Sept 18	COO	3x4=12	4x4=16	4x4=16

December 2018

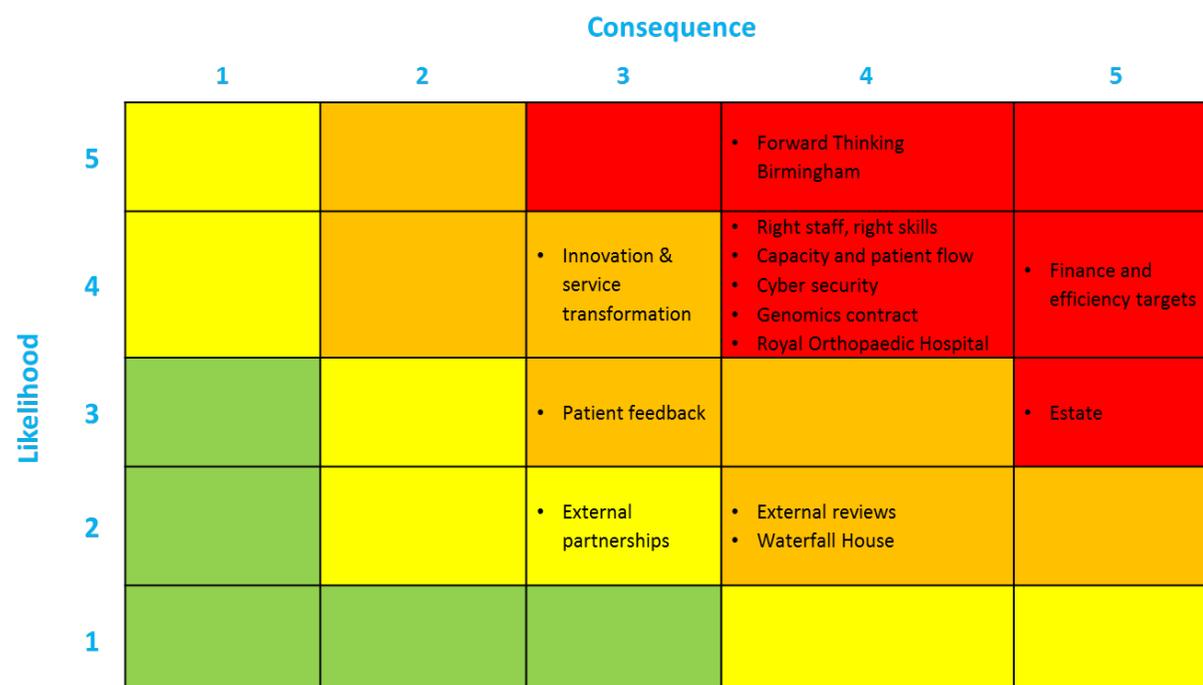
Risk Assessments in Progress

STRATEGIC RISK	DATE AGREED	LEAD
Risk associated with the UK's exit from the European Union	6 Nov 18	DCEO

Archived Risks (live risks mitigated to a score below 8)

REF	STRATEGIC RISK	DATE OF ENTRY	DATE ARCHIVED	LEAD	TARGET RISK SCORE	PREVIOUS RISK SCORE	CURRENT RISK SCORE
SR8	Failure to successfully work with our external partners in the development of the STP and Accountable Care Organisations	June 17	July 18	COSI	1x3=3	3x3=9	2x3=6

Board Risk Heat Map



BOARD ASSURANCE FRAMEWORK RISK SUMMARY

December 2018

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score														
SR1	Failure to improve quality and safety issues identified by external reviews.	Best place to work and be cared for.	A range of quality issues have been highlighted since 2016 by CQC and other external reviewers.	Negative impact on quality of services regulatory status and reputation.	Quality Committee	MM; FR	2x4=8														
CONTROLS/MITIGATIONS				GAPS IN CONTROL																	
<ul style="list-style-type: none"> Refreshed external reviews assurance process. Revised leadership and governance structures in FTB FTB Oversight Group All areas overseen by Quality Committee Integrated Assurance Report provides monthly oversight Action plan for Pharmacy overseen by CSQAC 				<ul style="list-style-type: none"> 																	
ACTIONS PLANNED																					
Action			Lead	Due date	Update																
Deliver FTB Intervention Plan and CQC action plan			MM	Monthly	Monthly reports are demonstrating progress.																
Deliver Antenatal Scanning Pathway improvement plan			AB	Quarterly	Quarterly reports demonstrating progress; further update planned Nov 18.																
Deliver Neonatal Care Improvement Project (BC)			MM	Quarterly	Internal Audit November 18 provided 'significant assurance'.																
Deliver abortion care improvement project			MM	Complete	Quality Committee rated the service 'amber' October 2018 due to pressures on the pathway caused by external referral process.																
Deliver Pharmacy Improvement Plan			FR	Quarterly	Last report Aug 18																
Theatres safety project			FR	Quarterly	Quality Committee was assured by revised plans and progress to date and rated the service amber in September 2018.																
TARGET RISK SCORE			RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES														
<table border="1"> <thead> <tr> <th>3 months</th> <th>6 months</th> <th>12 months+</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>1x4=4</td> </tr> </tbody> </table>			3 months	6 months	12 months+			1x4=4	<table border="1"> <thead> <tr> <th>Jun 17</th> <th>3x4=12</th> </tr> <tr> <th>Jul 18</th> <th>2x4=8</th> </tr> <tr> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		Jun 17	3x4=12	Jul 18	2x4=8					<ul style="list-style-type: none"> Reports to Quality Committee show good progress on FTB Requirement Notices and a self-assessment of 'Requires Improvement'. Improvement in assurance on abortion care, neonatal and antenatal at Quality Committee FTB assurance update to Board June 18. Internal Audit Abortion care July 18 Internal audit neonatal services November 18. 		<ul style="list-style-type: none"> FTB still rated 'red'. Antenatal still rated amber
3 months	6 months	12 months+																			
		1x4=4																			
Jun 17	3x4=12																				
Jul 18	2x4=8																				
							PLANNED ASSURANCE Internal audits on: <ul style="list-style-type: none"> Antenatal Pharmacy/Meds Management FTB temporary staffing controls Neonatal assurance report to QC Sept 18 FTB assurance report to QC – Dec 18														

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

last update 14.09.18

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR2	Failure to adequately address issues identified through patient feedback	Best place to be cared for.	Analysis of the range of feedback received from our patients and their families identifies areas that require improvement.	Low patient satisfaction, poor quality service, negative impact on regulatory ratings, reputational damage	Quality Committee	MM	3x3=9
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> • Patient Experience projects established to address some of the key themes: play; partner care (BWH); Antenatal clinics; cancelled operations/prolonged fasting; Food; compassionate care; breastfeeding support; noise at night; induction and caesarean delays. • Analysis and response by Patient Experience team. • Proactive engagement with patient groups. • Wide range of methods for patients to provide feedback. • Facilities management now provided by Trust’s subsidiary, to provide greater focus on areas such as food, cleaning and estate management. 				No specific project to address patient feedback about waiting too long across Trust services, though capacity transformation plan is relevant.			
ACTIONS PLANNED							
Action				Lead	Due date	Update	
Re-tender for catering contract				GSe	March 19	Tender in progress.	
Deliver antenatal improvement plan				AB	Quarterly	Amber assurance in June 18	
Deliver Neonatal Improvement Plan (includes breastfeeding support)				MM	Quarterly	Update due Sep 18	
Deliver maternity patient experience action plan.				MM	Quarterly	Reports to Patient Experience Committee	
Implement BW catering improvement project.				GSe			
TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES		NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/17	06/18	<ul style="list-style-type: none"> • Last Quality Committee assurance on antenatal improvements was amber Nov 18 • Gynaecology inpatient survey May 18 • BCH patient feedback on food improved July 18 • Overall positive response to BWH catering survey. 	<ul style="list-style-type: none"> • Increase in negative feedback on staff attitude in Gynaecology. • Maternity inpatient survey • PLACE results for food 	Internal Audit of antenatal CQC compliance.
		2x3 = 6	4x3=12	3x3=9			

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR3	Inability to recruit and retain the right staff with the right skills	Best place to work/ sustainable workforce	National policy impact on supply chain; cultural, generational and reputational factors; lengthy recruitment processes; flexible working; financial challenges; resources and infrastructure; inclusion (WRES outcomes)	Impact on capacity and ability to deliver quality services; impact on staff morale; inability to deliver transformation; fewer quality applications; higher temporary spend; complaints; higher absence	Quality Committee & Finance & Resources Committee	TN (SB)	4x4=16
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Recruitment and retention work programme Developing STP interventions eg. branding and marketing. Diversity lead and changes to recruitment to aid improved inclusion Workforce development plan focused on priority areas: leadership, supply and retention Re-structured workforce team focused on workforce planning, design and OD (prevention) as well as case work team to improve flow and management Contribution to HEE workforce strategy, and wider NHS strategic groups on workforce supply/talent Involvement in regional and national policy development. Use of international workforce supply routes and alternative workforce models Strong relationships with local universities Staff engagement and health and wellbeing programmes Robust and supportive appraisal programme Workforce efficiency programme, including quality impact assessment FTB Temporary Staffing Board oversight of recruitment and retention work programme Regularly reviewed leadership development programmes Theatres recruitment plan Workforce redesign built into business planning for 2019/20. 				<ul style="list-style-type: none"> No system to monitor use and quality of appraisal process Inconsistent application of local induction and probation processes Lack of strong people management in some areas Not all areas have robust, detailed workforce plans Divisional leadership capacity and capability to focus on workforce redesign and people strategies, to deliver efficiency and improve experience Workforce team workloads impacting on ability to support all areas/meet service needs Lack of clear and consistent data set, and information for leaders on engagement levels, diversity, wellbeing etc. System wide solutions slow, no dedicated resource to scope and develop the workstreams 			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Identify and analyse workforce gaps in all professions, services and pathways, commencing with higher risk areas	SB	April 19 19/2	FTB, maternity, neonates, PICU fully supported and plans developed with service. Focused work in Theatres and Radiology currently				
Development of a staff attraction/marketing package	SB	Sept 19 19/20	In development, working with key services and wider STP on BSol as a place to work strategy				
Develop programmes in partnership with universities to	SB	19/20	Discussions ongoing with universities, and via LWAB sub groups				

encourage students to work for the Trust and to develop joint posts.			
Review shift patterns and job planning	SB	September 19	This is being looked at in priority areas and will be systematically reviewed over time
Review better usage of CPD funding and apprenticeship levy	SB	April 19 Ongoing	Reporting on utilisation of funding is being further developed. Education Partnership Forum enables wider discussion of funding utilisation and targeting
Scope and develop systems that will enable improved data and information for day to day and future planning of workforce	SB	September 19 19/20	Discussions commenced through Workforce Committee to scope opportunities for improving systems for leave planning and enable a better overview of workforce availability
Discuss Workforce redesign and efficiency strategies early to ensure built into future business and financial planning	SB	November 2018	Planned for Workforce Committee review (yes)
Develop the engagement package further following feedback from #BWCFest in September	SB	December 2018	Revised approach to staff engagement, focusing on senior leadership visibility, workalongside, time to shine and reverse mentoring, following success of approach
Ensure National Staff Survey results are reviewed and communicated in a more timely way to further aid engagement	SB	January 2019	
Employed a Diversity lead to support Trust in improving inclusion and WRES outcomes	SB	Sept 2019	Clear plan developed on approaches and work programme in place, engagement with wider system Commencing production of quarterly data on inclusion for divisions
Focus on 'winter-proofing' to improve sickness absence	SB	Jan 2019	Part of NHSi improving absence project. Focus on improving knowledge and skills of managers in prevention and management of absence. Targeted focus in areas of concern and audit. HWB plan with improvement targets in place

TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	24 months+	06/17 4x4=16	•	<ul style="list-style-type: none"> Turnover above target (Oct 18) National Staff survey results 2017. Temporary staffing above target (Oct 18) Appraisal and mandatory training rates below target. Significant recruitment and retention issues in some areas. 	Internal Audits on: <ul style="list-style-type: none"> Job planning Workforce savings and productivity National Staff Survey 2018 (results due Mar 19)
		3x4=12				

SUMMARY UPDATE
 Actions updated on 7th December 2018 to reflect all workstreams and strategies in play.
 Risk score not revised at this stage as risk remains high.

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

December 2018

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR5	Failure to deliver financial and performance efficiency targets	Use of resources	<ul style="list-style-type: none"> Control total forces higher efficiency requirement. Non-recurrent savings made in 2017/18 to fill gaps as initial plans not delivered. Staff engagement in the agenda. 	Higher targets for the following year, creating an increased risk of an impact on patient services; loss of PSF income, impact on regulatory ratings and reputation; possible regulatory intervention leading to increased risk of impact on staff; inability to achieve strategic objectives, particularly investment plans.	Finance and Resources Committee	DM	4X5=20
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Monthly meetings of Financial Sustainability Group Oversight by Performance Board Capacity Transformation Board oversight of flow projects PMO approach to Cost Improvement Programme Workforce targets issued to each group. Vacancy controls in place Agency and bank usage controls. Quality Impact assessment completed for the schemes. New FTB Temporary Staffing Board established. Forward Look process focusing on clinical activity and output with a view to improving productivity and matching capacity and demand. Planning for 2019/20 has commenced. 				<ul style="list-style-type: none"> Ownership of the issues across the organisation. Willingness to take the necessary action. Inadequate funding for FTB beds and reliance on agency staff creating significant financial pressures. Fluctuations in demand can affect income. 			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Forward look process put in place to track effective use of available capacity	DM/AB	Sept 18	Now in place and appearing to be effective.				
Workforce review of all roles band 6 up.	SB/SA	Dec 18					
Negotiate with Commissioners regarding additional FTB funding.	DM	Dec 18	Almost complete – expected resolution in January 2019.				
Implement shared service model for procurement as part of Birmingham Health Alliance.	DM	April 2019					
Planning process launched and on-going.	DM/AB	Dec 18 to March 19					

TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/17 4x4=16 01/18 4x5=20	Achieved financial targets 17/18 At month 7 the cumulative position is a small surplus.	<ul style="list-style-type: none"> 17/18 financial targets only achieved through technical accounting methods and final negotiations with commissioners. Q2 control total missed. Q3 control total will be missed. At month 7 Trust forecasting control total will not be met. Agency spend consistently above target At month 7 the Trust continues to see more starters than leavers. Internal Audit: FTB Business Planning (June 18) CIP shortfall at month 7. 	Internal Audits: <ul style="list-style-type: none"> Key financial controls (Jan 19) Payroll (Jan 19) Workforce savings and productivity (Jan 19) FTB temporary staffing (Jan 19)
		2X4=8				
SUMMARY UPDATE						
Actions, controls and assurances updated.						

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR6	Failure to develop and maintain our estate to ensure it is safe, suitable and meets the growing demand for our services.	New buildings	Our current estate has significant limitations in terms of capacity, development potential and adequacy and has nearly reached its maximum development potential at Steelhouse Lane.	Impact on ability to meet medium and longer-term objectives; impact on ability to manage capacity and patient flow; potential impact on safety if ageing estate cannot be adequately maintained.	Finance & Resources Committee	DM	3x5=15
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Risk-based capital planning Planned preventative maintenance programme Estate management now undertaken by Trust subsidiary, enabling a greater focus at Board level Purchase of dental hospital to maximise value and potential of site. Process for refresh of estates strategy agreed. 				<ul style="list-style-type: none"> Reconciliation of capacity requirements with safety requirements; e.g theatres maintenance. 			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Investment in Edgbaston estate as per the Business Case for the integration.	DM	May 18 – June 19	Contractor appointed, electrical infrastructure scheme in progress, second gynaecology theatre and Norton Court in preparation phase.				
Acute site development plan for Birmingham to be developed.	DM	Dec 18	<ul style="list-style-type: none"> In progress – discussions with UHB /ROH how best to progress this work. Process for agreeing the acute development plan for STP developed for discussion at Birmingham Hospitals Alliance. 				
TARGET RISK SCORE		RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/18	4x3=12	<ul style="list-style-type: none"> Six facet survey of all estate 		<ul style="list-style-type: none"> PLACE review
		2X4=8	12/18	3x5=15			

SUMMARY UPDATE

With the approval of major capital schemes requiring any form of significant external funding now shifted to STP level the need to tie the long term estates strategy to the acute sector clinical strategy across Birmingham & Solihull is clear. In the meantime the medium term development plan on Steelhouse Lane and Edgbaston sites remain on track. At Steelhouse Lane this centres on the development of the vacant space generated by the opening of Waterfall House; at Edgbaston the plan agreed on merger is being implemented, with Genetics services vacating Norton Court. Plans are in place to improve the community based estate for our FTB services and the inpatient mental health services will be reviewed as part of the Tier four tender exercise during 2018.

In the meantime investment in the back-log maintenance across the estate continues – a refreshed six facet survey is being commissioned to direct investment.

The risk score has been updated to reflect the equivalent risk assessed by the Trust's facilities management service.

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

December 18

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score												
SR7	Failure to manage capacity and patient flow through our services.	The best place to be cared for.	Significant increases in demand across many of the Trust services require innovative and potentially high-risk solutions to grow capacity and/or manage flow.	Impact on quality of services; impact on patient experience with longer waits/referral elsewhere; regulatory scrutiny resulting from failure to achieve national performance targets; reputation; impact on CQC 'responsive' rating; impact on staff resilience and retention.	Finance and Resources Committee	AB/DM	4X4=16												
CONTROLS/MITIGATIONS				GAPS IN CONTROL															
<ul style="list-style-type: none"> Capacity Transformation Board oversees delivery of Programme Strategic Projects Group oversees major capital schemes. Forward Look to focus on activity flow. 																			
ACTIONS PLANNED																			
Action				Lead	Due date	Update													
Agreed programme of 'flow' work through the capacity transformation work				SC	Jun 18	Reviews of projects on rolling basis.													
Estate at BCH being profiled to allow zoning of patient groups to facilitate the flow projects and further improvement in capacity to allow better management of theatres.				DM	Sept 18	Fourth theatre planned for Parsons block requires business case (to demonstrate affordability and value for money) as does the other planned changes around ward 7 and C side of PICU.													
Site development plan is being developed for BWH to ensure that theatres and flow through gynaecology etc.				GSe	Sept 18	Business case required to show how a second theatre might be utilised and affordability.													
Service improvement process to be rolled out across the organisation. Metrics agreed include focus on discharge planning.				AB	From Oct 18														
TARGET RISK SCORE			RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES												
<table border="1"> <thead> <tr> <th>3 months</th> <th>6 months</th> <th>12 months+</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="background-color: yellow;">2X4=8</td> </tr> </tbody> </table>			3 months	6 months	12 months+			2X4=8	<table border="1"> <tbody> <tr> <td style="background-color: lightblue;">06/18</td> <td style="background-color: red;">4x4=16</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>		06/18	4x4=16					<ul style="list-style-type: none"> Capacity Transformation Board assurance reviews. Chief Officer weekly review. 		<ul style="list-style-type: none"> Level of elective activity delivery
3 months	6 months	12 months+																	
		2X4=8																	
06/18	4x4=16																		
PLANNED ASSURANCE																			
Review by Value Scrutiny Panel January 2019																			
SUMMARY UPDATE																			
Programme is now developed but with variable levels of delivery for example 23-hour project is providing capacity but not necessarily then being utilised to best effect. Surgical efficiencies behind trajectory as per October. Additional processes developed around the quicker roll-out of service improvement methodology and development of forward look in terms of activity delivery.																			

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR9	Failure to successfully deliver the Forward Thinking Birmingham model and the planned benefits.	Best place to work and be cared for.	Demand for services is far greater than has been commissioned, impacting patient experience and the financial position; the cost of delivering the services is greater than budgeted for; significant long waits have been transferred into the service; some of the estate is poor, impacting on the delivery of the required model and the provision of a quality service; challenging delivery of recruitment plan.	Regulatory impact. Financial pressure for the Trust; the model may require revision to fit within budget; full benefits of model not realised; impact on local and national targets; impact on patient experience; inability to recruit and retain staff; reputation.	Quality Committee and Finance & Resources Committee	MM	5X4=20
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> FTB Oversight Group overseeing intervention plan delivery Self-assessment against CQC framework led by the Director of Quality Assurance and overseen by monthly leadership team meeting. New Temporary Staffing Board focused on inpatient flow, retention, recruitment and management of temporary staff. Staff bank developed. Integrated Governance Committee oversees quality in all hubs and reports to CSQAC. Harm reviews undertaken on all service users waiting 40+ and 52+ weeks. 				<ul style="list-style-type: none"> Full control of agency staffing. Full control of waiting list. Full understanding of capacity gap. Effective recruitment and retention plans. 			
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Resolve additional inpatient costs issue with commissioners.	DM	Nov 2018	Discussions are in progress				
Deliver Finance plan	MC	Monthly	Behind plan at month 7.				
Waiting list data validation	MC	Nov 2018	In progress.				
Demand and capacity review	MC	Dec 2018	To be undertaken following completion of waiting list validation.				
Independent review of temporary staffing controls	MC	Jan 2019	Internal Auditor instructed; due to report January 19.				
Establish Divisional Management Team meetings	MC	Jan 2019	The aim is improve governance and oversight of performance, involving the whole of Mental Health Services.				

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

December 2018

TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE				
3 months	March 19	March 20	<table border="1"> <tr> <td>06/17</td> <td>4x4=16</td> </tr> <tr> <td>11/17</td> <td>5x4=20</td> </tr> </table>	06/17	4x4=16	11/17	5x4=20	<ul style="list-style-type: none"> • Current self-assessed CQC rating of Requires Improvement. • FTB assurance review to Board June 18 	<ul style="list-style-type: none"> • Current CQC rating of Inadequate. • Not all CQC Requirement Notices complete. • Internal Audit – FTB Business Planning. • Workforce gaps • High turnover. • High agency usage • Waiting list issues 	Internal Audit Review of temporary staffing controls.
06/17	4x4=16									
11/17	5x4=20									
	4x4=16	3x4=12								
SUMMARY UPDATE										
Full review undertaken in November 2018 by newly appointed Mental Health Director.										

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR10	Failure to embrace innovation and service transformation and to deliver our ambitions for research development	Where research and innovation thrives	<ul style="list-style-type: none"> Lack of robust R&D governance arrangements Relatively low academic capacity across Trust Small number of research active specialities (especially at BC) Limited volume of commercial research studies. 	<ul style="list-style-type: none"> Inability to maximise opportunities to achieve the best possible clinical outcomes. Reputation impact Inability to maximise financial contribution. 	Research & Service Innovation Committee	MB	4X3=12
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Research and Development Strategy approved Research and Service Innovation Committee (RSIC) overseeing implementation of strategy Agreement reached that women and children will be a theme within the new Applied Research Collaboration (formerly CLARHC) Women and children agreed as a theme within the Birmingham Health Partners' Strategy 							
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Develop Research Implementation Plan	MB	Complete	Plan approved June by RSIC				
Develop and implement research fundraising plan	MB	Dec 18	BCH Charity approved 'ask' in principle – due to submit detailed plan to Board of Trustees Dec 18				
Implement Clinical Trials Scholarship Programme	MB	Sept 18	Programme agreed with University of Birmingham; five jointly supported roles to commence in September 2018.				
Win the tender for genomics laboratory services	MB	Complete	Tender secured				
Establish a long-term solution for aseptic services	JA	June 19	Interim solutions are in place and operating successfully to ensure the Trust can remain open to new trials where aseptic support is needed.				
Implement recommendations of internal audit of research governance and finance	MB	Dec 18	Good progress made.				
Obtain approval of Birmingham Health Partners Research Strategy from BHP Board	MB	Dec 18	Draft strategy ready for approval.				

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

December 2018

TARGET RISK SCORE			RISK HISTORY		POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE
3 months	6 months	12 months+	06/17	4x3=12	<ul style="list-style-type: none"> Genomics tender secured Nov 18. Internal Audit on R&D Approval of Opportunities and Monitoring and Reporting June 18 Significant Assurance 	Internal Audit on R&D financial governance June 18– partial assurance	
		2X3=6					

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR11	Failure to detect and contain risks to cyber security and protect its critical data sets	Digital revolution	The increasing move from paper-based to technology systems to store data and patient information has increased the risk of external cyber threats.	Data security breaches; breach of information governance standards; loss or corruption of critical data; impact on delivery of patient services; direct impact on patient safety.	Quality Committee	DM (SA)	4X4=16
CONTROLS/MITIGATIONS					GAPS IN CONTROL		
<ul style="list-style-type: none"> • Password length extended to 12 Characters • Firewalls Upgraded to latest software revision • Improved monthly PC security only patch deployment across all of the Trust PC estate • Started monthly patch routine on non-service affecting server infrastructure • Additional Anti-malware products purchased and deployed across the PC estate • Key members of the ICT team have undergone additional specialist training. 					<ul style="list-style-type: none"> • Specialist expertise in identification and management of information security risks. • The full extent of the risk is unknown. • Completion of all cyber maturity recommendations. 		
ACTIONS PLANNED							
Action	Lead	Due date	Update				
Implement Cyber Maturity Assessment Action Plan – technical actions	SA	Unknown	Significant progress made. Further progress is limited by resource limitations.				
Implement Cyber Maturity Assessment recommendations – governance	SA	Unknown	A governance route is in place via the IT Strategy Group to FRC and via the Information Governance Committee to the Quality Committee.				
Establish specialist information risk management with appropriate leadership.	SA	Not set	No progress has been made; no such expertise has been identified – this appears to be a consistent position across the NHS.				
TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE	
3 months	6 months	12 months+	06/17	4X4=16	The majority of technical recommendations from Cyber Maturity Assessment have been implemented.	Cyber Maturity Assessment by Internal Auditor and LCFS – Trust scored lower than peer group (Feb 18)	NHS England assurance framework in development.
		4x4=16					
SUMMARY UPDATE							
General update and an adjustment to the long-term target risk score. The risk is not expected to reduce in the foreseeable future within the context of NHS Digital’s expectations.							

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR13	Failure to meet the objectives of the Waterfall House development	New Buildings	The business case for the development included a range of objectives to ensure the benefits are realised.	<ul style="list-style-type: none"> Failure to meet financial targets Failure to meet the benefits of an ambulatory care model Failure to improve the experience for patients and families as set out in the business case Significant reputational impact 	Finance & Resources Committee	DM/AB	2x4=8
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Dedicated Project Manager Mobilisation group reporting to Next Generation Board. Oversight by Next Generation Board Oversight by FRC 							
ACTIONS PLANNED							
Action			Lead	Due date	Update		
Recovery of VAT on the building currently with HMRC			DM	September 2018	In Progress		
TARGET RISK SCORE		RISK HISTORY	POSITIVE ASSURANCES		NEGATIVE ASSURANCES	PLANNED ASSURANCE	
3 months	6 months	12 months+	<ul style="list-style-type: none"> Building handed over with all necessary commissioning checks Building now fully operational; no significant issues Six week review undertaken of estates and operational issues. 		Trust's elective activity has not increased as forecast following opening.		
		2X2=4	06/17	2x5=10			
			04/18	4x4=16			
			07/18	3x4=12			
			09/18	2x4=8			
SUMMARY UPDATE							
Waterfall House fully opened on 1 August 2018. Further review of this risk is in progress.							

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

Added Sept 18

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score														
SR14	Risks to meeting the requirements of the Genomics contract due to contractual arrangements and proposed financial model being inadequate to meet service requirements and prices submitted by consortium	Where research and innovation thrives, creating a global impact.	The bidding consortium led by the Trust has been awarded preferred bidder status; however there remains a lack of certainty regarding pricing, transitional funding and activity; in addition, despite significant delays in the tender process, a go-live date of 1 October still in place.	<ul style="list-style-type: none"> • Significant potential financial risk. • Inability to deliver within required timescales (contractual and reputational impact) • Inability to recruit additional capacity to support delivery • Significant impact on capacity of key senior individuals 	Finance & Resources Committee	MB	4x4=16														
CONTROLS/MITIGATIONS				GAPS IN CONTROL																	
<ul style="list-style-type: none"> • Some financial flexibility built into the bid. • Prioritisation of workload of key individuals • Plan in place that enables delivery if transitional funding is agreed 				<ul style="list-style-type: none"> • Transitional funding not yet agreed. • Lack of clarity or information on activity, pricing or contractual arrangements. 																	
ACTIONS PLANNED																					
Action	Lead	Due date	Update																		
Negotiation discussions with NHS England	MB	17/09/18	Finance and Contracting Sub-Group met on 17/9. Discussions majored on deliverables from 1/10/18 including contractual arrangements. Solution will be of benefit to BWC in 18/19. Additional funding from NHSE identified. Allocations to GLHs agreed with balance retained for one-off requirement.																		
TARGET RISK SCORE			RISK HISTORY		POSITIVE ASSURANCES		NEGATIVE ASSURANCES		PLANNED ASSURANCE												
<table border="1"> <thead> <tr> <th>1 month</th> <th>6 months</th> <th>12 months+</th> </tr> </thead> <tbody> <tr> <td style="background-color: orange;">3x4</td> <td style="background-color: orange;">3x3</td> <td style="background-color: yellow;">2x3</td> </tr> </tbody> </table>			1 month	6 months	12 months+	3x4	3x3	2x3	<table border="1"> <thead> <tr> <th>date</th> <th>score</th> </tr> </thead> <tbody> <tr> <td>14.9.18</td> <td style="background-color: red;">4x4=16</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		date	score	14.9.18	4x4=16			<ul style="list-style-type: none"> • There is a consensus view amongst all bidders – the Trust is not in an isolated position. • Additional monies being made available in 18/19 and 19/20 to facilitate mobilisation. • NHSE is appearing to take a pragmatic approach to implementation in 18/19 		<ul style="list-style-type: none"> • To date NHSE have not deviated from position on timescales. • Initial proposals appear to high risk • Overall national cost across 7 bidders significantly outweighs available finance • Recruitment for additional capacity cannot commence until transitional funding agreed • Absence of capital monies. 		<ul style="list-style-type: none"> • Outcome of discussions with NHSE week commencing 17 September. • Further data collection from NHSE during September
1 month	6 months	12 months+																			
3x4	3x3	2x3																			
date	score																				
14.9.18	4x4=16																				

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

added September 2018

REF.	STRATEGIC RISK	GOAL/ENABLER	CAUSES	CONSEQUENCES	LEAD COMMITTEE	LEAD(S)	Risk Score
SR15	The transfer of services from the Royal Orthopaedic Hospital will restrict the Trust's ability to deliver its strategy and achieve its goals.	The best place to be cared for/ global impact/ effective use of resources.	Provision of the transferring services was not within the Trust's strategy or plans.	<ul style="list-style-type: none"> Lost opportunity to use vacated space for alternative purposes, including potential growth of existing services or adoption of external services. Reduction in capacity to deliver existing services. Increased pressure on ability to meet national operational targets. Regulatory impact. Financial impact of inability to expand and potential orthopaedic tariff changes. Reduced quality of service to patients. 	Direct to Board until transfer, then to Quality Committee.	AB	4x4=16
CONTROLS/MITIGATIONS				GAPS IN CONTROL			
<ul style="list-style-type: none"> Capacity identified for the majority of theatre sessions required. Capacity identified for the majority of inpatient beds required. Implementation of plans to refurbish Theatre 8 and Ward 15 is in progress. 				<ul style="list-style-type: none"> Lack of assurance around orthopaedic waiting list data or management. Lack of control of outpatient element of 18 week pathway delivered by ROH, potentially impacting ability to meet the standard. Uncertainty regarding ability to recruit sufficient theatre staff Finalised plan to accommodate all transferring activity and the displaced activity of existing specialities. Revised winter plan. Lack of capacity to accept remaining elements of the pathway currently retained by ROH (outpatients, diagnostics and rehabilitation) in the event that ROH cease to provide these. 			
ACTIONS PLANNED							
Action				Lead	Due date	Update	
Reorganisation of theatres/revise theatre schedules to accommodate all theatre needs.				AB	30 Sep 18		
Agree clinical pathways with all clinical leads.				AB	31 Oct 18		
Develop a plan with each speciality to reduce length of stay to reduce the pressure on bed usage.				SR	1 Feb 19		
Finalise Standard Operating Procedures for wards.					1 Feb 19		
SLA with ROH for retained elements of the pathway to enable contractual management of any delivery/performance issues.				AB	31 Dec 18		

BOARD ASSURANCE FRAMEWORK RISK SUMMARY

added September 2018

West Midlands Review of Trauma and Orthopaedics.			MB	1 June 19								
Identify opportunities to improve efficiency of transferred activity.			AB	1 Feb 18								
TARGET RISK SCORE			RISK HISTORY	POSITIVE ASSURANCES	NEGATIVE ASSURANCES	PLANNED ASSURANCE						
2 months	6 months	18 months+	<table border="1"> <thead> <tr> <th>date</th> <th>score</th> </tr> </thead> <tbody> <tr> <td>Sep 18</td> <td>4x4=16</td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	date	score	Sep 18	4x4=16			<ul style="list-style-type: none"> Project Plan is meeting timescales. 		<ul style="list-style-type: none"> Performance targets are met No increase in incidents casing harm for the orthopaedic patient cohort. No increase in post-operative infection rates for the patient cohort.
date	score											
Sep 18	4x4=16											
3x4=12	3x4=12	2x4=8										